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CONFIRMATION NO. 8235

SERIAL NUMBER 10/531,345	FILING OR 371(c) DATE 04/15/2005 RULE	CLASS 329	GROUP ART UNIT 1600	ATTORNEY DOCKET NO. OSU0010PA/41096.25	
APPLICANTS Cynthia Roberts, Columbus, OH; Ashraf Mahmoud, Albany, OH;					
** CONTINUING DATA ***** This application is a 371 of PCT/US03/32616 10/15/2003					
** FOREIGN APPLICATIONS ***** UNITED STATES OF AMERICA 60418511 10/15/2002					
** SMALL ENTITY **					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY OH	SHEETS DRAWING 13	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
ADDRESS 23368					
TITLE Customized transition zone system and method for an ablation pattern					
FILING FEE RECEIVED 300	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		